2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-31-2006 90025 001 ***300.00 DOCUMENT # H81115 1. Entity Name FIRST PROFESSIONALS INSURANCE COMPANY, INC. UUUUIUII Principal Place of Business Mailing Address 1000 RIVERSIDE AVENUE 225 WATER STREET **SUITE 1400** 8TH FLOOR JACKSONVILLE, FL 32202 US JACKSONVILLE, FL 32204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State 59-6614702 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER Street Address (P.O. Box Number is Not Acceptable) P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change X Addition ☐ Delete TITLE Shapiro, David M., M.D. SELANDER, GUY T MD NAME NAME 1000 Riverside Avenue, 8th Floor 1731 UNIVERSITY BLVD SOUTH STREET ADDRESS STREET ADDRESS Jacksonville, FL 32204 CITY+ST-ZIP CITY ST-ZIP JACKSONVILLE, FL 32216 ☐ Detete TITLE ☐ Change Addition TITLE Thrasher, John 225 Water Street, Suite 1800 NAME BAGBY, RICHARD J MD NAME 4138 SHORECREST ROAD STREET ADDRESS STREET ADDRESS Jacksonville, FL 32202 CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32804 Change Addition VPS Delete TITLE Wortelboer, Robert L. Jr. WOSELBOER, ROBERT L JR NAME NAME STREET ADORESS 1000 RIVERSIDE AVE 8TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE, FL 32204 ☐ Delete TITLE Change X Addition TITLE White, Jr., Robert E. NAME BYERS, JOHN R 1000 Riverside Avenue, 8th Floor STREET ADDRESS 225 WATER STREET SUITE 1400 STREET ADDRESS Jacksonville, FL 32204 CITY-ST-ZIP JACKSONVILLE, FL 32202 City-St-ZiP ☐ Addition Delete TITLE ☐ Change TITLE KLEIN, H RAYMOND DDS NAME NAME STREET ADDRESS STREET ADDRESS 943 CESERY BOULEVARD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, FL 32211 ☐ Addition TIFLE ☐ Detete TITLE

FILED Mar 31, 2006 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SEE ATTACHED

NAME

MCCOY, TERENCE P MD

2412 WEST PLAZA DRIVE

TALLAHASSEE, FL 32308

NAME

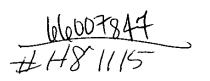
STREET ADDRESS

CITY-ST-7IP

(60 (904) 360-3605 Parks, Assistant Secretary 3/21

ATTACHMENT

CONTINUATION OF NUMBER 10 and 11



10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Tial.	SVP	Title	VP ☑ Change
Title		Name	Adams, Melanie
Name	Rominger, Beth	St. Address	1000 Riverside Avenue, 8 th Floor
St. Address	1000 Riverside Avenue, 8 th Floor		Jacksonville, FL 32204
City-ST-Zip	Jacksonville, FL 32204 VP	City-ST-Zip Title	VP Change
Title	· -	Name	Bedford, John
Name	Scheriff, Frederick	St. Address	1000 Riverside Avenue, 8 th Floor
St. Address	600 North Pine Island Rd., Ste. 250		
City-ST-Zip	Plantation, Florida 33324	City-ST-Zip	Jacksonville, FL 32204
Title	VP	Title	VP ☑ Addition
Name	Driscoll, Kurt F.	Name	Divita, III, Charles
St. Address	1000 Riverside Avenue, 8th Floor	St. Address	225 Water Street, Suite 1400
City-ST-Zip	Jacksonville, FL 32204	City-ST-Zip	Jacksonville, FL 32202
Title	VP	Title	AS 🖾 Addition
Name	Rapp, Clifford	Name	Parks, Peggy A.
St. Address	1000 Riverside Avenue, 8th Floor	St. Address	225 Water Street, Suite 1400
City-ST-Zip	Jacksonville, FL 32204	City-ST-Zip	Jacksonville, FL 32202
Title	SVPT		
Name	Sicilian, Lou		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	VP		
Name	Bishop, James		
St. Address	1000 Riverside Avenue, 8th Floor	<u> </u>	
City-ST-Zip	Jacksonville, FL 32204		
Title	VP ☑ Change		
Name	Archer, Laura		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	AS		
Name	Lanfri, Carol		
St. Address	1000 Riverside Avenue, 8th Floor		
City-ST-Zip	Jacksonville, FL 32204		
Title	AS		
Name	Cown, Roberta Goes		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202	_	